

The Music for Healing and Transition Program, Inc.

**CERTIFICATE OF COMPLETION OF CEUS
FOR NON-MHTP SPONSORED WORKSHOPS**

(PLEASE USE THIS FORM ONLY WHEN THE SPONSORING ORGANIZATION DOES NOT GIVE CEU CERTIFICATES FOR THE WORKSHOP)

Name: _____

HAS COMPLETED _____ CONTACT HOURS

AT THE NAME OF WORKSHOP/CONFERENCE _____

SPONSORED BY _____

ON DATE: _____

OBJECTIVES FROM THIS WORKSHOP/CONFERENCE WHICH DIRECTLY APPLY TO THE WORK OF A CERTIFIED MUSIC PRACTITIONER:

SPONSORING ORGANIZATION REPRESENTATIVE

DATE